FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076

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SEC USE ONLY

Prefix Serial DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Filing Under (Check box(es) that apply): \(\subseteq \text{Rule 504} \subseteq \text{Rule 505} \subseteq \text{Rule 506} \subseteq \text{Section 4(6)} \subseteq \text{ULOE} Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Infinium Labs, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (941) 917-0788 2033 Main Street, Suite 309, Sarasota, FL 34237 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business: Entertainment and Interactive Game Company. Type of Business Organization corporation ☐ limited partnership, already formed □ other (please specify) business trust ☐ limited partnership, to be formed Month Actual or Estimated Date of Incorporation or Organization: [1][0] [0][0]
Actual ☐ Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

[D][E]

abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicted on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and manage	ging partner of p	partnership issuers.			-		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner	
Full Name (Last name first, if in	ndividual)						
Business or Residence Address	(Number and	Street, City, State, Zip co	de)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner	
Full Name (Last name first, if it	ndividual)		•				
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner	
Full Name (Last name first, if in	ndividual)						
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner	
Full Name (Last name first, if in	ndividual)						
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		<u> </u>		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner	
Full Name (Last name first, if in	ndividual)						
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner	
Full Name (Last name first, if it	ndividual)						
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 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

• Each executive officer	and director of o	corporate issuers and of co	orporate general and manag	ing partners of partn	ership iss	uers; and	
Each general and mana	ging partner of	partnership issuers.					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner	
Full Name (Last name first, if i	ndividual)						
Business or Residence Address	(Number and	Street, City, State, Zip co	de)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner	
Full Name (Last name first, if i	ndividual)						
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)	, <u></u>			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner	
Full Name (Last name first, if i	ndividual)					-	
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner	
Full Name (Last name first, if i	ndividual)						
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner	
Full Name (Last name first, if i	ndividual)						
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner	
Full Name (Last name first, if i	ndividual)	<u></u>		· -			
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)				

						B. IN	NFORMAT	ΓΙΟΝ ABO	UT OFFE	RING					
1.			d, or does the opendix, Col				edited inves	stors in this	offering?			•••••••••••••••••••••••••••••••••••••••		Ye	s No
2.	What is	the minin	num investm	ent that will	be accepte	ed from any	individual?	?				•••••••••••		<u>\$</u>	
3.	Does the	offering	permit joint	ownership	of a single	unit?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,		,			Ye	s No
4.	purchase and/or w	ers in cont ith a state	nection with	sales of sec at the name	urities in th of the brok	ie offering. er or dealer	If a person	to be listed	is an assoc	iated perso	n or agent	of a broker	or dealer regist	ion for solicitati ered with the Sl or dealer, you n	EC
Full Non		ast name	first, if indiv	idual)											
Busi	iness or R	esidence	Address (Nu	mber and S	treet, City,	State, Zip (Code)				Hally				
Nam	ne of Asso	ociated Br	oker or Deal	er				•							
State	es in Whi	ch Person	Listed Has : (Check "A									-			States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		States
Full	Name (L	ast name	first, if indiv	idual)											
Busi	iness or R	esidence	Address (Nu	mber and S	treet, City,	State, Zip (Code)								
Nam	ne of Asso	ociated Br	oker or Deal	er											,
State	es in Whi	ch Person	Listed Has					·········							
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	(Check "A [AZ] [IA] [NV] [SD]	II States" of [AR] [KS] [NH] [TN]	r check indi [CA] [KY] [NJ] [TX]	IVIDUAL Stat [CO] [LA] [NM] [UT]	es) [CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	🗖 All	States
Full	Name (L	ast name	first, if indiv	idual)				· · · · · ·							
Busi	ness or R	esidence	Address (Nu	mber and S	treet, City,	State, Zip (Code)		-						
Nan	ne of Asso	ociated Br	oker or Deal	er											
State	es in Whi	ch Person	Listed Has :					<u> </u>							States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	II States" or [AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	ப Ali	Siaies

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt.	\$	\$
	Equity Common Stock	\$1,687,500	\$1,687,500
	Equity Continue Stock	\$1,007,500	<u>\$1,067,300</u>
	☑ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify:)	\$	\$
	Total	\$ <u>1,687,500</u>	\$ 1,687,500
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is		
	"none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	39	<u>\$ 1,687,500</u>
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	-	\$
	Regulation A		\$
	Rule 504	 .	\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	E	\$250
	Printing and Engraving Costs	E	\$0
	Legal Fees	x	\$10,000
	Accounting Fees	x	\$0
	Engineering Fees	X	\$0

	C. OFFERING PRICE, NUMB	BER OF INVESTORS, EXPENSES AND USE O	F PRO	CEEDS		
Sale Com	nmissions (specify finders' fee separately)		••••••	x	\$	0
Other Ex	penses (identify)			X	\$	0
	Total			x	\$	10,250
expenses furnis	hed in response to Part C - Question 4.a. This diffe	erence is the "adjusted gross proceeds to the			\$	1,677,250
purposes shows estimate. The t	n. If the amount for any purpose is not known, furnotal of the payments listed must equal the adjusted	ish an estimate and check the box to the left of the				
				Payments to Officers, Directors, & Affiliates	k	Payments To Others
Sala	aries and fees			\$		□ \$
Pure	chase of real estate			\$		 \$
Pure	chase, rental or leasing and installation of machiner	y and equipment		\$		 \$
Con	nstruction or leasing of plant buildings and facilities	5		\$		□ \$
				\$		
Rep	payment of indebtedness			\$		□ \$
Wo	rking capital			\$		■ \$1,677,250
Other (sp	ecify):			\$		□ \$
	• /		_	\$ \$		□ \$
	Labs, Inc. Signer (Print or Type) Title of Signer (Print or Type)			×	\$1 <u>,67</u>	7,250
		D. FEDERAL SIGNATURE				
undertaking by the	issuer to furnish to the U.S. Securities and Exchan					
Issuer (Print or Ty	pe)	l ·		Da		
Infinium Labs, Inc		Made		Ma	rch <u>3</u>	2004
Name of Signer (P	rint or Type)					
Charles Cleland		General Counsel and Secretary				

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?
 Yes No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date 1
	and the second	3 31 24
Name of Signer (Print or Type)	Title of Signer (Print or Type)	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy of bear typed or printed signatures.

APPENDIX

1	2	2	3			5 Disqualification			
	Intend to non-ac investors (Part B-	ccredited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Typ amoun (I	under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
ΙL									
IN									
IA									
KS			·						
KY							****		BANKAHWA MIRIT
LA									
ME									
MD									
MA									
MI									
MN									, <u>.</u>
MS									
МО									

APPENDIX

1	Intend to non-a investor	2 i to sell accredited as in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		T	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
ОН									
OK									
OR								:	
PA									
RI									
SC									
SD									
TN									
TX	,								
UT									
VT									
VA									
WA	,								
wv									
WI									
WY									
PR									